## PART B - FEE(S) TRANSMITTAL

Complete and start this formst ogether with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Pate

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  |  |  |  | Fee(s) Transmittal 1   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  |   |  |
|---|--|--|--|--|--|---|--|
|   | 590 03/01/2006   |  |  | C  | ertificate of Mailing or Tran  | smission  |  |
| RABIN & BERDO, P.C.   |  |  |  | I hereby certify that  | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  |   |  |
| Suite 500   |  |  |  | addressed to the M   | ail Stop ISSUE FEE address   | rst class mail in an envelope s above, or being facsimile   |  |
| 1101 14 Street, N.V   |  |  |  | transmitted to the US  | PTO (571) 273-2885, on the   | date indicated below.   |  |
| Washington, DC 2  | 0005   |  |  |  |  | (Depositor's name)  |  |
|   | •  |  |  |  | · · · · · · · · · · · · · · · · · · ·  | (Signature)   |  |
|   |  |  |  |  |  | (Date)  |  |
| APPLICATION NO.   | APPLICATION NO. FILING DATE  |  | FIRST NAMED INVENTOR   |  | ATTORNEY DOCKET NO.  | CONFIRMATION NO.  |  |
| 10/618,999<br>TITLE OF INVENTION: A   | 07/15/2003<br>IR-DRIVEN MICROFLUI  | D CONTROL DEV  | Chien-An<br>VICE AND ME  |  | TAIW 151   | 6039  |  |
|   | •  |  |  |  |  |   |  |
| APPLN. TYPE   | SMALL ENTITY   | ISSUE FI   | EE   | PUBLICATION FEE  | TOTAL FEE(S) DUE   | DATE DUE  |  |
| nonprovisional  | YES  | \$700  |  | \$300  | \$1000   | 06/01/2006  |  |
| EXAMINER  |  | ART UNIT   |  | CLASS-SUBCLASS   | 7  |   |  |
|   | 11 11 11 11 697  |  | 2.5  |  | • .  |   |  |
| . Change of correspondence a<br>FR 1.363).  | iddress or indication of "Fee  | Address" (37   | -  | g on the patent front page, l  | 1 DADIN O  | BERDO, P.C.   |  |
|   | ice address (or Change of C  | orrespondence  | (1) the names of up to 3 registered patent attorneys 1 RABIN & BERDO, P.C. or agents OR, alternatively,  |  |  |   |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  |  |  | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to   |  |  |   |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer   |  |  | 2 registered p   | red attorney or agent) and the names of up to stered patent attorneys or agents. If no name is no name will be printed.  |  |   |  |
| Number is required  |  | 1  |  |  |  |   |  |
| Number is required.   | ESIDENCE DATA TO BE  | PRINTED ON TH  | HE PATENT (n   | •  |  |   |  |
| Number is required.  ASSIGNEE NAME AND R  |  |  | -  | orint or type)   | nee is identified below, the o   | document has been filed for   |  |
| Number is required.  ASSIGNEE NAME AND R  |  |  | -  | orint or type)   | nee is identified below, the o   | document has been filed for   |  |
| ASSIGNEE NAME AND R PLEASE NOTE: Unless ar recordation as set forth in 3' (A) NAME OF ASSIGNEE  | n assignee is identified belone 7 CFR 3.11. Completion of  | ow, no assignee da<br>this form is NOT                                     | ata will appear<br>a substitute for<br>RESIDENCE:  | orint or type) on the patent. If an assig filing an assignment. (CITY and STATE OR CO  |  | document has been filed for   |  |
| ASSIGNEE NAME AND R PLEASE NOTE: Unless ar recordation as set forth in 3'  (A) NAME OF ASSIGNEE DR. CHIP BIOT   | n assignee is identified belef 7 CFR 3.11. Completion of ECHNOLOGY   | ow, no assignee da<br>this form is NOT                                     | ata will appear<br>a substitute for<br>RESIDENCE:  | orint or type) on the patent. If an assig  |  | document has been filed for   |  |
| ASSIGNEE NAME AND R PLEASE NOTE: Unless ar recordation as set forth in 3'  (A) NAME OF ASSIGNEE DR. CHIP BIOT INCORPORATI   | n assignee is identified bele<br>7 CFR 3.11. Completion of<br>E<br>ECHNOLOGY   | ow, no assignee da<br>F this form is NOT<br>(B)                            | ata will appear<br>a substitute for<br>RESIDENCE:<br>liaoli, Taiv  | orint or type) on the patent. If an assig filing an assignment. (CITY and STATE OR COwan, R.O.C.   | UNTRY)   |   |  |
| ASSIGNEE NAME AND R PLEASE NOTE: Unless ar recordation as set forth in 3'  (A) NAME OF ASSIGNEE DR. CHIP BIOT INCORPORATI ease check the appropriate as   | n assignee is identified bele<br>7 CFR 3.11. Completion of<br>E<br>ECHNOLOGY<br>ON   | ow, no assignee definis form is NOT  (B)  M  es (will not be prin          | ata will appear a substitute for RESIDENCE: [iaoli, Taiv ated on the pate  | orint or type) on the patent. If an assig filing an assignment.  (CITY and STATE OR COvan, R.O.C.  |  |   |  |
| ASSIGNEE NAME AND R PLEASE NOTE: Unless ar recordation as set forth in 3'  (A) NAME OF ASSIGNEE DR. CHIP BIOT INCORPORATI  ease check the appropriate as the following fee(s) are encored.  | n assignee is identified bele<br>7 CFR 3.11. Completion of<br>E<br>ECHNOLOGY<br>ON   | ow, no assignee defithis form is NOT  (B)  M  es (will not be prin  4b. 1  | ata will appear a substitute for RESIDENCE: [iaoli, Taiv ated on the pater Payment of Fee  | orint or type) on the patent. If an assig filing an assignment.  (CITY and STATE OR COvan, R.O.C.  ont): Individual 2 Cos(s):  | UNTRY)<br>corporation or other private gr  |   |  |
| ASSIGNEE NAME AND R PLEASE NOTE: Unless ar recordation as set forth in 3'  (A) NAME OF ASSIGNEE DR. CHIP BIOT INCORPORATI ease check the appropriate as The following fee(s) are end Issue Fee  | n assignee is identified belower of CFR 3.11. Completion of CECHNOLOGY  CECHNOLOGY  CON  Ssignee category or categoric closed:   | ow, no assignee defithis form is NOT  (B)  M  es (will not be prin  4b. 1  | ata will appear a substitute for RESIDENCE: [iaoli, Taiv nted on the pater Payment of Fee  | orint or type) on the patent. If an assig filing an assignment.  (CITY and STATE OR COwan, R.O.C.  Int): Individual 2 Coess: the amount of the fee(s) is en  | Orporation or other private gracelosed.  |   |  |
| ASSIGNEE NAME AND R PLEASE NOTE: Unless ar recordation as set forth in 3'  (A) NAME OF ASSIGNEE DR. CHIP BIOT INCORPORATI  ease check the appropriate as the following fee(s) are encored.  | n assignee is identified belower of CFR 3.11. Completion of CECHNOLOGY  CECHNOLOGY  CON  Ssignee category or categoric closed:   | ow, no assignee defithis form is NOT  (B)  M  es (will not be prin  4b. 1  | ata will appear a substitute for RESIDENCE: [iaoli, Taiv nted on the pater Payment of Fee  | orint or type) on the patent. If an assig filing an assignment.  (CITY and STATE OR COvan, R.O.C.  ont): Individual 2 Cos(s):  | Orporation or other private gracelosed.  |   |  |
| ASSIGNEE NAME AND R PLEASE NOTE: Unless ar recordation as set forth in 3'  (A) NAME OF ASSIGNEE DR. CHIP BIOT INCORPORATI ease check the appropriate as The following fee(s) are end Issue Fee  | n assignee is identified belower of the completion of the completi | ow, no assignee defithis form is NOT.  (B)  M  es (will not be prin  4b. 1 | ata will appear a substitute for RESIDENCE: liaoli, Taiv ated on the pater Payment of Fee A check in the Payment by  | orint or type) on the patent. If an assig filing an assignment.  (CITY and STATE OR COwan, R.O.C.  Int): Individual 2 Ce(s): the amount of the fee(s) is encredit card. Form PTO-203 or is hereby authorized by compared to the compared to th | corporation or other private gracelosed. 8 is attached. charge the required fee(s), or   | oup entity Government   |  |
| ASSIGNEE NAME AND R PLEASE NOTE: Unless ar recordation as set forth in 3'  (A) NAME OF ASSIGNEE  DR. CHIP BIOT INCORPORATI ease check the appropriate as The following fee(s) are end Issue Fee Publication Fee (No sma) Advance Order - # of Co  | n assignee is identified belower of the completion of the completi | ow, no assignee defithis form is NOT.  (B)  M  es (will not be prin  4b. 1 | ata will appear a substitute for RESIDENCE: [iaoli, Taiv ted on the pater Payment of Fee A check in the Payment by The Directo   | orint or type) on the patent. If an assig filing an assignment.  (CITY and STATE OR COwan, R.O.C.  Int): Individual 2 Ce(s): the amount of the fee(s) is encredit card. Form PTO-203 or is hereby authorized by compared to the compared to th | corporation or other private gracelosed. 8 is attached. charge the required fee(s), or   | oup entity Government   |  |
| ASSIGNEE NAME AND R PLEASE NOTE: Unless ar recordation as set forth in 3'  (A) NAME OF ASSIGNEE DR. CHIP BIOT INCORPORATI ease check the appropriate as The following fee(s) are end Issue Fee Publication Fee (No sma) Advance Order - # of Co   | n assignee is identified belt 7 CFR 3.11. Completion of E. CECHNOLOGY  ION  ssignee category or categoric closed:  all entity discount permitted opies  com status indicated above)  | ow, no assignee defithis form is NOT  (B)  M  es (will not be prin  4b. 1  | ata will appear a substitute for RESIDENCE: liaoli, Taiv atted on the pater Payment of Fee A check in to Payment by The Directo Deposit Account  | or int or type) on the patent. If an assig filing an assignment.  (CITY and STATE OR COwan, R.O.C.  Int): Individual Cos(s): the amount of the fee(s) is encredit card. Form PTO-203 or is hereby authorized by cott Number 18-000   | corporation or other private gracelosed. 8 is attached. charge the required fee(s), or   | credit any overpayment, to copy of this form).  |  |
| Number is required.  ASSIGNEE NAME AND R PLEASE NOTE: Unless ar recordation as set forth in 3'  (A) NAME OF ASSIGNEE  DR. CHIP BIOT  INCORPORATI  lease check the appropriate as a. The following fee(s) are end  Issue Fee  Publication Fee (No sma  Advance Order - # of Co  Change in Entity Status (from a. Applicant claims SMA)  Director of the USPTO is re- | n assignee is identified belower of CFR 3.11. Completion of CFR 3.11. Completi | es (will not be prin  4b. 1  CFR 1.27.                                     | ata will appear a substitute for RESIDENCE: (iaoli, Taiv need on the pater Payment of Fee A check in the Payment by The Directo Deposit Account by Fee (if any) or Fee (if any) or Fee (if any) or The Substitute of Fee (if any) or Fee (if a | orint or type) on the patent. If an assig filing an assignment.  (CITY and STATE OR COVAN, R.O.C.  Int): Individual 2 Ce(s): the amount of the fee(s) is encredit card. Form PTO-203 or is hereby authorized by cet Number 18-000 is no longer claiming SMA  | corporation or other private gracelosed. 8 is attached. charge the required fee(s), or 2 (enclose an extra contraction)  | credit any overpayment, to copy of this form).  |  |
| Number is required.  ASSIGNEE NAME AND R PLEASE NOTE: Unless ar recordation as set forth in 3'  (A) NAME OF ASSIGNEE  DR. CHIP BIOT  INCORPORATI  lease check the appropriate as a. The following fee(s) are end  Issue Fee  Publication Fee (No sma  Advance Order - # of Co  Change in Entity Status (from a. Applicant claims SMA)  Director of the USPTO is re- | n assignee is identified belower of CFR 3.11. Completion of CFR 3.11. Completi | es (will not be prin  4b. 1  CFR 1.27.                                     | ata will appear a substitute for RESIDENCE: (iaoli, Taiv need on the pater Payment of Fee A check in the Payment by The Directo Deposit Account by Fee (if any) or Fee (if any) or Fee (if any) or The Substitute of Fee (if any) or Fee (if a | or int or type) on the patent. If an assig filing an assignment.  (CITY and STATE OR COvan, R.O.C.  Int): Individual Cos(s): the amount of the fee(s) is encredit card. Form PTO-203 or is hereby authorized by cott Number 18-000 is no longer claiming SMA or to re-apply any previous there than the applicant; a reg   | corporation or other private gracelosed.  8 is attached.  charge the required fee(s), or 2 (enclose an extra concentration of the second of th | credit any overpayment, to copy of this form).  FR 1.27(g)(2).  tion identified above. the assignee or other party in |  |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.